ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



E-03869A PDM ENERGY,L.L.C. One North Central Ave Phoenix, AZ 85004



CORP COMM

ANNUAL REPORT

FOR YEAR ENDING

12 31 2006

FOR COMMISSION USE

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PROCESSED BY:
A-12-07 RF

SCANNED

COMPANY INFORMATION

| Mailing Address One North Centra | l Avenue | |
|------------------------------------|------------------------------|------------------------------------|
| (Street) | A 77 | 0.400.4 |
| Phoenix | AZ | 85004 |
| (City) | (State) | (Zip) |
| (602) 366-8100 | (602) 366-7315 | NA |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code) |
| Email Addressdognowski@phelps | sdodge.com | |
| | | |
| Local Office Mailing Address One N | Jorth Central Avenue | |
| (5 | Horth Central Avenue (treet) | |
| - — | | 85004 |
| (5 | treet) | 85004 (Zip) |
| Phoenix (S | Street) AZ | |
| Phoenix (Sity) | AZ (State) | (Zip) |

MANAGEMENT INFORMATION

| Management Contact: | David Ogonowski | Manager | | |
|---------------------------------------|-----------------------------|------------------------------------|-------|--|
| _ | (Name) | (Title) | | |
| One North Central Avenue | Phoenix | <u>AZ</u> | 85004 | |
| (Street) | (City) | (City) (State) | | |
| (602) 366-8100 | (602) 366-7315 | NA | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code) | | |
| Email Address <u>dognowski@phelps</u> | lodge.com | | | |
| On Site Manager: | Choi F. Lee | | | |
| | (Name) | | | |
| One North Central Avenue | Phoenix | AZ. | 85004 | |
| (Street) | (City) | (State) (Zip | | |
| (602) 355-8305 | (602) 366-7315 | NÀ | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code) | | |
| | com | | | |

X Please mark this box if the above address(es) have changed or are updated since the last filing.

| Statutory Agent: CT Corpo | ration System | | |
|---|--------------------------------------|-------------------|---------------------|
| Statutory rigent. <u>C i Corpo</u> | (Name) | | |
| 3225 North Central Avenue | Phoenix | AZ | <u>85012</u> |
| (Street) | (City) | (State) | (Zip) |
| (602) 277-4792 | (602) 266-9604 | 7 (7 11) | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code | Pager/Cell No | (Include Area Code) |
| Attorney: Web Crocket | | | |
| | (Name) | | |
| 303 North Central Avenue, Suite 2600 (Street) | Phoenix (City) | AZ (State) | 85012-2913 (Zip) |
| (602) 916-5000 | (602) 916-5999 | (, | (S.P) |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Pager/Cell No. | (Include Area Code) |
| X Please mark this box if the above a | ddress(es) have changed or are u | indated since the | last filing |
| | WNERSHIP INFORMATION | | inst ining. |
| | | | |
| Check the following box that applies to | your company: | | |
| Sole Proprietor (S) | C Corporation (C | (Other than As | ssociation/Co-op) |
| Partnership (P) | ☐ Subchapter S Corporation (Z) | | |
| ☐ Bankruptcy (B) | Association/Co-op (A) | | |
| Receivership (R) | X Limited Liability Company | | |
| Other (Describe) | | | |
| | COUNTIES SERVED | | |
| Check the box below for the county/ies | in which you are certificated to pro | ovide service: | |
| T ADACTE | | | |
| АРАСНЕ | ☐ COCHISE | ☐ coc | CONINO |
| ☐ GILA | ☐ GRAHAM | ☐ GRE | ENLEE |
| ☐ LA PAZ | ☐ MARICOPA | □ МОІ | HAVE |
| ☐ NAVAJO | ☐ PIMA | ☐ PINA | AL |
| ☐ SANTA CRUZ | ☐ YAVAPAI | ☐ YUM | IA |
| X STATEWIDE | | | |

SERVICES AUTHORIZED TO PROVIDE

| Check the following box/es for the services that | you are authorized to provide: |
|---|--|
| X Electric | ☐ Telecommunications |
| ☐ Investor Owned Electric ☐ Rural Electric Cooperative ☐ Utility Distribution Company X Electric Service Provider ☐ Transmission Service Provider X Meter Service Provider X Meter Reading Service Provider X Billing and Collection X Ancillary Services X Generation Provider ☐ Aggregator/Broker ☐ Other (Specify) | ☐ Incumbent Local Exchange Carrier ☐ Interexchange Carrier ☐ Competitive Local Exchange Carrier ☐ Reseller ☐ Alternative Operator Service Provider ☐ Gas ☐ Natural Gas ☐ Propane ☐ INFORMATION |
| TELECOMMUNICATION UTILITIES ONLY | |
| Total residence local exchange access lines | |
| Total business local exchange access lines | |
| Total revenue from Arizona operations | \$ |
| Total income from Arizona operations | \$ |
| Value of assets used to serve Arizona customers | \$ |
| Accumulated depreciation associated with those assets | \$ |
| | |

STATISTICAL INFORMATION (CONT'D)

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VERIFICATION AND **SWORN STATEMENT**

| | <u>Intrast</u> | ate Revenues Only | Y | CORP COMM |
|---|--|---|--|---|
| VERIFICATION | COUNTY OF (COUNT | | | Temps Utilities |
| STATE OF Arizona | Maricopa | Y NAME) | | |
| | NAME (OWNER OR O | OFFICIAL) TITLE | | - |
| I, THE UNDERSIGNED | Choi F. Lee | | | |
| OF THE | PDM Energy, | L.L.C. | | |
| ' | | | | |
| DO SAY THAT THIS ANNUAL | UTILITY REPOR | RT TO THE ARIZO | NA CORPORATIO | ON COMMISSION |
| FOR THE YEAR ENDING | монтн 12 | DAY 31 | YEAR 2006 | |
| HAS BEEN PREPAR PAPERS AND RECOR THE SAME, AND I STATEMENT OF BU COVERED BY THIS I SET FORTH, TO THE | RDS OF SAID DECLARE THI USINESS AND REPORT IN RES | UTILITY; THATE SAME TO BE AFFAIRS OF SEPECT TO EACH | I HAVE CARE E A COMPLET SAID UTILITY I AND EVERY M | FULLY EXAMINED E AND CORRECT FOR THE PERIOD ATTER AND THING |
| IN ACCORDANCE W 401, ARIZONA REVI OPERATING REVEN UTILITY OPERATION | SED STATUTE UE OF SAID U | ES, IT IS HERE UTILITY DERIV LENDAR YEAR | IN REPORTED ' ED FROM <u>ARIZ</u> | THAT THE GROSS CONA INTRASTATE |
| | | \$ | 0 | |
| | | | **** | |
| | | 3 | IN BOX ABOVE | |
| | | INCLUDES \$ | ESPITIED OR C | OI LECTED) |
| **REVENUE REPORTED ON THIS PA INCLUDE SALES TAXES BILLED O COLLECTED. IF FOR ANY OTHER THE REVENUE REPORTED ABOVE AGREE WITH TOTAL OPERATING ELSEWHERE REPORTED, ATTAC | OR REASON, E DOES NOT G REVENUES | IN SALES TAAF | ES BILLED, OR C | OLLECTED) |
| STATEMENTS THAT RECONCILE DIFFERENCE. (EXPLAIN IN DETAI | THE | SIGNATURE OF OWNER OR OF | FICIAL | |
| SUBSCRIBED AND SWORN TO BEI | FORE ME | TELEPHONE NUMBER | | |
| A NOTARY PUBLIC IN AND FOR TI | HE COUNTY OF | COUNTY NAME | <u></u> | 7 |
| THIS | DAY OF | MONTH | ,20 | |
| (SEAL) | | | 1,,,, | _ |
| | | SIGNATURE (| OF NOTARY PUBLIC | |

MY COMMISSION EXPIRES_____

VERIFICATION AND **SWORN STATEMENT RESIDENTIAL REVENUE** INTRASTATE REVENUES ONLY

GECENTO

L. MARP CUNIN

| | HIMASIAIE | REVERIOES ONE | urector Utilities |
|---|--|---|---|
| STATE OF ARIZONA | COUNTY OF (COUNTY NAME) | laricopa | |
| I, THE UNDERSIGNED | NAME (OWNER OR OFFICIAL) Cho | oi F. Lee | TITLE Vice President |
| OF THE | COMPANY NAME PDM Ener | gy, L.L.C. | |
| DO SAY THAT THIS ANNUA | AL UTILITY REPORT T | O THE ARIZON | NA CORPORATION COMMISSION |
| FOR THE YEAR ENDING | MONTH DAY 12 31 | YEAR 2006 | |
| UTILITY FOR THE IMATTER AND THIN BELIEF. SWORN STATEMENT IN ACCORDANCE 401.01, ARIZONA IMAGE OPERATING REVI | PERIOD COVERED BY IG SET FORTH, TO TH WITH THE REQUIRE REVISED STATUTES, ENUE OF SAID UTIL FIONS RECEIVED | THIS REPORT E BEST OF M EMENTS OF T IT IS HERE LITY DERIVE | TO TO THE BUSINESS AND AFFAIRS OF SAID IN RESPECT TO EACH AND EVERY IN KNOWLEDGE, INFORMATION AND THE GROSS IN REPORTED THAT THE GROSS IN THE GROSS |
| ARIZONA INTRASTATE GROSS | OPERATING REVENUES | (THE AMO | OUNT IN BOX AT LEFT S \$ 0 |
| \$ <u> </u> | | | TAXES BILLED, OR COLLECTED |
| *RESIDENTIAL REVENUI MUST INCLUDE SALES | | X SIGNA | ATURE OF OWNER OR OFFICIAL PHONE NUMBER |
| SUBSCRIBED AND SW | VORN TO BEFORE ME | 7 | NOTARY PUBLIC NAME |
| A NOTARY PUBLIC I | N AND FOR THE COUNT | Y OF | COUNTY NAME |

DAY OF

MONTH

SIGNATURE OF NOTARY PUBLIC

THIS

(SEAL)

MY COMMISSION EXPIRES

,20

FINANCIAL INFORMATION

Attach to this annual report a copy of the companies' year-end (Calendar Year 2006) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. <u>ALL INFORMATION MUST BE ARIZONA-SPECIFIC</u> AND REFLECT OPERATING RESULTS IN ARIZONA.

PDM ENERGY, L.L.C. Income Statement

| Account Description | \$ Amount |
|---------------------|-----------|
| Revenues: | \$0 |
| Expenses: | \$0 |
| Operating Income: | \$0 |
| Net Income: | \$0 |